

GOLDEN VALLEY PRIMARY SCHOOL WRAPAROUND CARE REGISTRATION FORM 2025/26

(A form must be completed for each child)



PERSONAL DETAILS

Child's Name _____ Date of Birth _____

Parent/Guardian _____

Emergency contact number _____

Additional Emergency contact details _____

Password (for use by a nominated adult in an emergency and the usual adult is not able to collect) _____

MEDICAL / DIETARY INFORMATION

Please give details of dietary requirements, allergies or any new medical conditions that we should be aware of.

CONSENT

Please circle as applicable

I agree to my child attending the Wraparound Care Sessions and give my consent for the information I have provided to be used for the purposes of managing my child's attendance at Wraparound Care, safeguarding and health and safety.

Yes / No

I give my permission for my child to take part in organised activities and games whilst at wraparound care.

Yes / No

I agree to photographic images of my child being taken and used for display or publicity material, including on the school website.

Yes / No

I accept the Terms and Conditions outlined in the separate Golden Valley Primary School Wraparound Care Terms and Conditions document.

Signed _____ Date _____
(Person with parental responsibility)

***** PLEASE POST YOUR COMPLETED FORM IN THE POST BOX OUTSIDE THE SCHOOL OFFICE OR EMAIL TO**

office@goldenvalleyschool.co.uk ***

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| Office Use: | Add to club | Add reg fee | Add to PM group | Send confirmation | Medical / photo info? | Scan reg form |
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